


61.25.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 06 DEC 14 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>DOCUMENT # P05000024867</p>			
<p>1. Corporation Name T-shirt Hall of Shame LLC.</p>			
<p>2. Principal Office Address 3310 S 6TH AVE Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address P.O. Box 11575 Suite, Apt. #, etc.</p>	
<p>City & State Fort Lauderdale FL</p>		<p>City & State Fort Lauderdale FL</p>	
<p>Zip 33316</p>	<p>Country US</p>	<p>Zip 33339</p>	<p>Country US</p>
<p>4. Date Incorporated or Qualified To Do Business in Florida 02/16/05</p>		<p>5. FEI Number 20-2341968</p>	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>CR25081 (12/05) REINSTATEMENT Applied For Not Applicable</p>	
<p>7. Name and Address of Current Registered Agent</p>			
<p>Name Edina Hanesz</p>			
<p>Street Address (P.O. Box Number is Not Acceptable) 3310 S 6TH AVE</p>			
<p>Suite, Apt. #, Etc.</p>			
<p>City Fort Lauderdale</p>		<p>State FL</p>	<p>Zip Code 33316</p>
<p>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</p>			
<p>Signature of Registered Agent <i>Edina Hanesz</i></p>		<p>Date 12/13/06</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
<p>Titles</p>	<p>Name of Officers and/or Directors</p>	<p>Street Address of Each Officer and/or Director</p>	<p>City / State / Zip</p>
<p>PRES</p>	<p>Edina Hanesz</p>	<p>P.O. Box 11575</p>	<p>FL. land/FL/33339</p>
<p>SEC</p>	<p>Edina Hanesz</p>	<p>P.O. Box 11575</p>	<p>FL. land/FL/33339</p>
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<p>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>			
<p>SIGNATURE: <i>Edina Hanesz</i> Edina Hanesz 12/13/06 954-6080-1</p>			
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>			